

EXHIBIT D

Coosa County Inmate Medical Intake Sheet

11/13/2003 17:24:42 MEDICAL SCREENING FORM

PAGE 1

Booking No: 030000601 Date: 11/13/2003 Time: 16:50 Type: NORMAL
Agency to Bill: COOSA COUNTY Facility: COUNTY JAILInmate Name: KELLEY DANIEL BRYAN Race: W Sex: M
DOB: 06/17/1971 Age: 32 SSN: 420 25 6528 Height: 6'01" Weight: 190

- N 1. Is inmate unconscious?
- N 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
- N 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
- N 4. Any signs of poor skin condition, vermin, rashes or needle marks?
- Y 5. Does inmate appear to be under the influence of drugs or alcohol?
- N 6. Any visible signs of alcohol or drug withdrawal?
- N 7. Does inmate's behavior suggest the risk of suicide or assault?
- N 8. Is inmate carrying any medication?
- N 9. Does the inmate have any physical deformities?
- N 10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?

- | | | | | | |
|----------|--------------|----------|-------------------------|----------|---------------------|
| <u>N</u> | a. Allergies | <u>N</u> | f. Fainting Spells | <u>Y</u> | k. Seizures |
| <u>I</u> | b. Arthritis | <u>N</u> | g. Heart Condition | <u>N</u> | l. Tuberculosis |
| <u>Y</u> | c. Asthma | <u>N</u> | h. Hepatitis | <u>Y</u> | m. Ulcers |
| <u>N</u> | d. Diabetes | <u>N</u> | i. High Blood Pressure | <u>N</u> | n. Venereal Disease |
| <u>I</u> | e. Epilepsy | <u>Y</u> | j. Psychiatric Disorder | <u>Y</u> | o. Other (Specify) |

Other: ASTHMA - ALBUTEROL SCHIZOPHRENIC/BI-POLARARTIFICIAL VERTEBRAE IN BACK

12. For females only:

- a. Are you pregnant?
- b. Do you take birth control pills?
- c. Have you recently delivered?

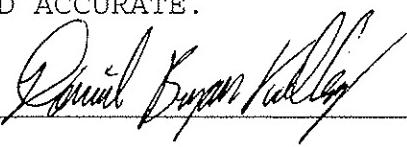
11/13/2003 17:24:42 MEDICAL SCREENING FORM

PAGE 2

Booking No: 030000601 Date: 11/13/2003 Time: 16:50 Type: NORMAL
Agency to Bill: COOSA COUNTY Facility: COUNTY JAILInmate Name: KELLEY DANIEL BRYAN Race: W Sex: M
DOB: 06/17/1971 Age: 32 SSN: 420 25 6528 Height: 6'01" Weight: 190

13. Have you recently been hospitalized or treated by a doctor?
14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
15. Are you allergic to any medication? *CODEINE*
16. Do you have any handicaps or conditions that limit activity?
17. Have you ever attempted suicide or are you thinking about it now?
ATTEMPTED SUICIDE LONG AGO
18. Do you regularly use alcohol or street drugs?
19. Do you have any problems when you stop drinking or using drugs?
20. Do you have a special diet prescribed by a physician?
21. Do you have any problems or pain with your teeth?
22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: 

DATE: _____ TIME: _____

BOOK OFFICER: _____

DATE: _____ TIME: _____